

Dr AK Abeyewardene

Quality Report

111 Orsett Road

Grays

Essex

RM17 5HB

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Date of inspection visit: 20 July 2016

Website: www.dellandstanford-le-hopemedicalcentre.co.uk

Date of publication: 26/09/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk based review for Dr AK Abeyewardene on 20 July 2016. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection on 27 November 2015. During the inspection in November 2015 we found that:

- Health and safety and legionella risk assessments, required by legislation, had not been undertaken.
- Recruitment processes required improvement in relation to employment documentation and the monitoring of registration with professional bodies.
- There was no audit trail in place to reflect that medicines alerts had been actioned appropriately.

- There was no system to ensure that the expiry dates of first aid equipment were being checked and some items were out of date.

The provider wrote to tell us about the action they planned to take in order to comply with Regulation 17 (Good governance). Our key findings were as follows:

The practice had safe systems in place to:

- Share and take action on relevant medicine safety alerts
- Complete a safe recruitment process
- Manage health and safety within the premises and ensure that appropriate first aid equipment was available.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Dr AK Abeyewardene

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Background to Dr AK Abeyewardene

Dr AK Abeyewardene is located in Grays, Essex. The practice has a general medical services (GMS) contract with the NHS. There are approximately 4527 patients registered at the practice.

The practice is registered with the Care Quality Commission as a partnership, with two GP partners. There are three male GPs working at the practice, supported by a practice nurse. There is a practice manager and an assistant practice manager and seven administration members of staff who cover reception and clerical duties during the working week covering a variety of different hours.

The practice is open from Monday to Friday between the hours of 9am and 6.30pm and is closed on Thursday afternoons when primary medical services can be obtained from the out of hour's provider, the South Essex Emergency Doctors Service.

The GP surgeries are available on Monday to Friday mornings between 9am and 11am, on Tuesday, Wednesday and Friday afternoons between 3pm and 5pm and on Friday afternoons between 4.30pm and 6.30pm. On

Saturday and Sunday another healthcare provider has GP and nurse surgeries at a local hospital. Patients at this practice are able to book in advance, a limited number of consultations for the morning and afternoon surgeries. This is a facility shared by several other practices in the local area.

The practice has opted out of providing 'out of hours' services which is now provided by the South Essex Emergency Doctors Service. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

Why we carried out this inspection

We carried out a desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

We reviewed the action plan supplied by the practice following the inspection in November 2015. We also reviewed the supporting evidence that demonstrated the actions that had been completed by them.

Are services safe?

Our findings

When we inspected Dr AK Abeyewardene in November 2015 we found that improvements were needed to ensure that safe systems of practice were in place. This was because;

- The practice could not demonstrate that actions were taken in relation to medicines alerts.
- Recruitment checks were not consistent and regular checks were not in place to ensure that clinical staff are registered with their professional body.
- Health and safety and legionella risk assessments were not in place
- Systems to monitor the expiry dates of the first aid equipment were not effective.

Following the inspection, the practice wrote to tell us how they planned to make improvements. They have since provided additional evidence of the actions taken.

The process for receiving and taking action in response to medicine's safety alerts has been strengthened and records show that appropriate action has been taken to keep patients safe.

The recruitment process has been reviewed and the practice has provided evidence that a safe recruitment process has been followed. This includes checks such as references, Disclosure and Barring Service checks and a structured application and interview process.

A member of staff had completed training in the management of legionella and a risk assessment of the premises which included details of the on-going monitoring process. These regular checks have been established. Other health and safety risk assessments are now in place and a member of staff has been given the responsibility for ensuring these are monitored and reviewed appropriately.

The first aid kits have been replaced where necessary and monthly checks are completed and recorded to ensure that the items are available for safe use.